# EXPRESS MAIL RECEIPT NO. EK890718275US DEPOSITED ON SEPTEMBER 22, 2000

REALINED DKT. 22993 SEP 28 2000

SEP 2 2 2000 3

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TC 2700 MAIL ROOM

fre application of: Stephen R. Genheimer, Kenneth L. Pottebaum, Jon P. Baker and John D.

Stricklin

Assignee:

SEAGATE TECHNOLOGY LLC

Application No.:

09/537,816

March 28, 2000

Group No.: **2754** 

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Examiner: W. Klimowicz

Filed: For:

ACTUATOR ASSEMBLY MOUNTED DISC SNUBBER

Box Non-Fee Amendment Commissioner for Patents Washington, D.C. 20231

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

#### **STATUS**

2. Applicant is other than a small entity.

## **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

#### **FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

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(Amendment Transmittal--page 1 of 2)

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	(Col.1)		(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY			
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Addit. Fee		
Total	1	Minus	20	= 0	x \$18 =	\$0		
Indep.	1	Minus	3	= 0	x \$78 =	\$0		
First Presentation of Multiple Dependent Claim					+ \$260 =	\$0		
		<u> </u>	· · · · · · · · · · · · · · · · · · ·		Total Addit. Fee	\$ <u>0</u>		

<sup>\*</sup> If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

No additional fee for claims is required.

#### FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 13-0110. If any additional fee for claims is required, charge Account No. 13-0110.

Date: 9/22/00

Respectfully submitted,

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<sup>\*\*</sup> If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

<sup>\*\*\*</sup> If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.